

07/11/01
JCS-0984 U.S. PTO

07-12-01

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UTILITY PATENT APPLICATION TRANSMITTAL

(Only for new non-provisional applications under 37 CFR 1.53(b))

07/11/01
JCS-0984 U.S. PTO
09/90306 PRO

Attorney Docket No.	MORPHO1180														
Client Matter Number	2102206-165380														
First Inventor or Application Identifier:	G. Lu														
Title:	Method and Apparatus for Turbo Encoding and Decoding														
Express Mail Label No.:	EL617044452US														
Application Elements <small>(See MPEP chapter 600 concerning utility patent application contents)</small>		ADDRESS TO: Assistant Commissioner For Patents BOX PATENT APPLICATION Washington, D.C. 20231													
1. <input checked="" type="checkbox"/> Fee Transmittal Form <small>(Submit an original, & duplicate for fee processing)</small> 2. <input checked="" type="checkbox"/> Applicant claims small entity status 3. <input checked="" type="checkbox"/> Specification [Total Pages <u>30</u>] <small>(preferred arrangement set forth below)</small> <ul style="list-style-type: none"> • Descriptive title of the Invention • Cross References to Related Applications • Statement Regarding Fed sponsored R&D • Background of the Invention • Brief Summary of the Invention • Brief Description of the Drawings (<i>if filed</i>) • Detailed Description • Claim(s) • Abstract of the Disclosure 4. <input checked="" type="checkbox"/> Drawing(s) (35 USC 113) [Total sheets <u>15</u>] 5. <input checked="" type="checkbox"/> Oath or Declaration [Total Pages <u>3</u>] <ul style="list-style-type: none"> a. <input checked="" type="checkbox"/> Newly executed (original or copy) b. <input type="checkbox"/> Copy from prior application (37 CFR 1.63(d)) <small>(for continuation/divisional with Box 17 completed)</small> <ul style="list-style-type: none"> i. <input type="checkbox"/> Deletion of Inventor(s) <small>Signed statement attached in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).</small> 6. <input type="checkbox"/> Application Data Sheet. See 37 CFR 1.76															
7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table, or Computer Program (Appendix) 8. <input type="checkbox"/> Nucleotide and/or Amino Acid Sequence Submission <small>(if applicable, all necessary)</small> <ul style="list-style-type: none"> a. <input type="checkbox"/> Computer Readable Form (CRF) b. <input type="checkbox"/> Specification Sequence Listing on: <ul style="list-style-type: none"> i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or ii. <input type="checkbox"/> paper c. <input type="checkbox"/> Statement verifying identity of above copies ACCOMPANYING APPLICATION PARTS <ul style="list-style-type: none"> 9. <input type="checkbox"/> Assignment Papers (cover sheet & document(s)) 10. <input type="checkbox"/> 37 CFR 3.73(b) Statement <input type="checkbox"/> Power Of Attorney <small>(when there is an assignee)</small> 11. <input type="checkbox"/> English Translation Document (if applicable) 12. <input type="checkbox"/> Information Disclosure Statement (IDS/PTO 1449) <input type="checkbox"/> Copies of IDS Citations 13. <input type="checkbox"/> Preliminary Amendment (<u> </u> pgs.) 14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) <small>(Should be specifically itemized)</small> 15. <input type="checkbox"/> Certified Copy of Priority Document(s) <small>(if foreign priority is claimed)</small> 16. <input checked="" type="checkbox"/> Express Mail Certification 17. <input type="checkbox"/> Request And Certification under 35 USC 122(b)(2)(B)(i). <small>Applicant must attach form PTO/SB/35 or its equivalent</small> 18. <input checked="" type="checkbox"/> OTHER: Check # 482610 (\$355.00) 															
17. If a CONTINUING APPLICATION, check appropriate box and supply the requisite information: <input type="checkbox"/> Continuation <input type="checkbox"/> Divisional <input type="checkbox"/> Continuation-In-Part of prior application no.: <u> </u> / <u> </u> . <i>Prior application information:</i> Examiner: _____ Group/Art Unit: _____															
18. CORRESPONDENCE ADDRESS <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%;"><input checked="" type="checkbox"/> Customer Number (25548) Or Bar Code Label</td> <td colspan="3" style="height: 40px;"></td> </tr> <tr> <td>OR</td> <td colspan="3"></td> </tr> <tr> <td><input type="checkbox"/> Correspondence Address Below</td> <td colspan="3"></td> </tr> </table>				<input checked="" type="checkbox"/> Customer Number (25548) Or Bar Code Label				OR				<input type="checkbox"/> Correspondence Address Below			
<input checked="" type="checkbox"/> Customer Number (25548) Or Bar Code Label															
OR															
<input type="checkbox"/> Correspondence Address Below															
NAME		ATTN: Terrance A. Meador GRAY CARY WARE & FREIDENRICH													
ADDRESS		4365 Executive Drive, Suite 1600 San Diego, CA 92121-2189 USA													
Telephone: 858-677-1400		General Fax No.: 858-677-1477	Patent Group Fax No.: 858-677-1465												
Name (print/type)	James P. Cleary		Registration No.: (Attorney/Agent) 45,843												
Signature			Date 7/11/01												

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FEE TRANSMITTAL

Attorney Docket No.	MORPHO1180 / 2102206-165380
First Named Inventor:	G. Lu
Application Number	To be assigned
Filing Date:	Herewith
Examiner Name:	Unknown
Group/Art Unit:	Unknown

TOTAL AMOUNT OF PAYMENT:	\$ 355.00
METHOD OF PAYMENT (check One)	1. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and/or credit any over payment to: Deposit Account No.: 07-1895 Deposit Account Name: GRAY CARY WARE & FREIDENRICH 2. <input checked="" type="checkbox"/> Charge any Additional Fee Required Under 37 CFR 1.16 and 1.17 2. <input checked="" type="checkbox"/> Payment Enclosed: <input checked="" type="checkbox"/> Check <input type="checkbox"/> Money Order <input type="checkbox"/> Other

2. UTILITY Basic Filing Fee & Claims

(1) For	(2) No. filed	(3) No. extra	(4) Large Entity	(5) Small Entity	(6) Calculations
Basic Filing Fee	XX	XX	\$ 710.00	\$355.00	\$ 355.00
Total Claims	20 - 20 =	0	X \$ 18.00	X \$ 9.00	\$ 0.00
Independent Claims	3 - 3 =	0	X \$ 80.00	X \$ 40.00	\$ 0.00
Multiple Dependent Claim(s) (if applicable)			\$ 270.00	\$135.00	\$ 000.00
Total of above Calculations =					\$ 355.00

Basic Filing Fee	Large Entity	Small Entity	Total
Design filing fee	\$ 320.00	\$ 160.00	\$ 000.00
Reissue filing fee	\$ 710.00	\$ 355.00	\$ 0.00
Provisional filing fee	\$ 150.00	\$ 75.00	\$ 0.00
Total of above Calculations =			\$

3. ADDITIONAL FEES

Fee Description	Large Entity	Small Entity	Other
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
TOTAL:			\$

Name (print/type)	James P. Cleary	Registration No.: (Attorney/Agent)	45,843
Signature		Date	7/11/01

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Michael Bayley

NAME

Michael Bayley

SIGNATURE

MORPHO1180

2102206-165380

New patent application